

Docket No: 10738-43

**PATENT**

**CERTIFICATE OF MAILING**

I hereby certify that this paper is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment; Mail Stop Amendment Commissioner for Patents; P.O. Box 1450; Alexandria, VA 22313-1450 on 9-13-2004.

**IN THE UNITED STATES PATENT & TRADEMARK OFFICE**

Applicant: Kersten M. Small et al. Paper No.:  
Serial No.: 09/692,077 Group Art Unit: 1634  
Filed: October 19, 2000 Examiner: Johannsen, Diana  
For: **Alpha-2B Adrenergic Receptor Polymorphisms**

**REQUEST FOR EXTENSION OF TIME**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Submitted herewith is an Amendment in response to the Office Action mailed March 11, 2004.

Applicant petitions the Commissioner of Patents & Trademarks to extend the time for response to the Office Action dated March 11, 2004 for 3 months from June 11, 2004 to September 11, 2004.

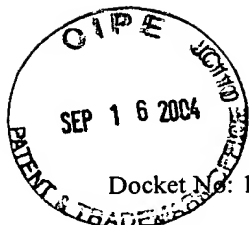
Please charge the extension fee of \$490.00 to our Visa credit card account. Form PTO-2038 is enclosed. Any deficiency or overpayment should be charged or credited to Deposit Account No. 04-1133.

09/17/2004 DENMANU1 00000017 041133 09692077  
01 FC:1253 460.00 DA 490.00 DP

Respectfully submitted,

By: 

Denise M. Everett  
Registration No. 47,552  
Attorney for Applicant(s)  
DINSMORE & SHOHL LLP  
1900 Chemed Center  
255 East Fifth Street  
Cincinnati, Ohio 45202  
(513) 977-8787



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*[Signature]*

**IN THE UNITED STATES PATENT & TRADEMARK OFFICE**

Applicant: Kersten M. Small et al. :  
Serial No.: 09/692,077 : Group Art Unit: 1634  
Filed: October 19, 2000 : Examiner: Johannsen, Diana  
For: **Alpha-2B Adrenergic Receptor Polymorphisms**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ additional fee is required.  
☒ also attached: Request for Extension of Time (3 month); Return Post Card


The fee has been calculated as shown below:

	NO. OF CLAIMS	HIGHEST PREVIOUS PAID FOR	EXTRA CLAIMS	RATE	FEE
Total Claims	63	20 63	0	x \$9 =	\$
Independent Claims	12	2 12	0	x \$43 =	\$
If multiple claims newly presented, add \$145.00					-----
Month Extension Fee					\$490.00
Information Disclosure Statement					\$000.00
<b>TOTAL FEE DUE</b>					<b>\$490.00</b>

- ☐ Please charge my Deposit Account No. 04-1133 in the amount of \$.
- ☒ Please charge the amount of \$490.00 to our Visa credit card. Form PTO-2038 is enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication or credit any overpayment, to Deposit Account No. 04-1133, including any filing fees under 37 CFR 1.16 for presentation of extra claims and any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,

By:

  
Denise M. Everett  
Registration No. 47,552  
Attorney for Applicant(s)  
DINSMORE & SHOHL LLP  
1900 Chemed Center  
255 East Fifth Street  
Cincinnati, Ohio 45202  
(513) 977-8787